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CURRENT CORRESPOND	Fee(	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
•	OF LOUIS WOO YETTE STREET	12009 NOV 0 6 7	(A)	Cert	tificate d	of Mailing or Transn	deposited with the United class mail in an envelope above, or being facsimile te indicated below.
ALEXANDRIA	, VA 22314	S.	and the second s	<del></del>			(Depositor's name)
		THEM STR	NOE				(Signature)
•							(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTOR	NEY DOCKET NO.	CONFIRMATION NO.
09/920,728 FITLE OF INVENTION	08/03/2001		Robert James Tribe	11/09/2	1909 LNC	0100/0131 GUYEN2 00000047 0	5066 19920720
THE OF INVENTION	. STRINGET OWITS			01 FC:1 02 FC:1 03 FC:8	501 504		1510.00 QP 300.00 QP
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE		TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0		\$1810	01/04/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS				•
DESANTO, MATTHEW F 3763			604-500000	•			
CFR 1.363).  Change of corresp Address form PTO/SI  "Fee Address" ind	ondence address or indication ondence address (or Cha 3/122) attached. ication (or "Fee Address or more recent) attach	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or type	pe)			
PLEASE NOTE: Unl recordation as set fort	less an assignee is ident h in 37 CFR 3.11. Comp		data will appear on the pa T a substitute for filing an	atent. If an assigno assignment.			cument has been filed for
(A) NAME OF ASSIG			(B) RESIDENCE: (CITY		OUNTR	(Y)	
SMITHS GRO			LONDON, ENG				
Please check the appropr	iate assignee category or	r categories (will not be pr	rinted on the patent):	Individual 🖾 Co	orporatio	n or other private gro	up entity Government
la. The following fee(s):  Issue Fee  Publication Fee (N  Advance Order - 1	lo small entity discount p		b. Payment of Fee(s): (Plea A check is enclosed.  Payment by credit can  The Director is hereby overpayment, to Depo	d. Form PTO-2038	is attac	hed.	
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• •	s SMALL ENTITY state		b. Applicant is no long				
nterest as shown by the	records of the United Sta	ites Patent and Trademark	d from anyone other than the Office.	applicant, a 1051			
Authorized Signature	<u> </u>			DateN	lov.	6, 2009	
Typed or printed name	e Louis Wo	∞	<del></del>	Registration N	lo	31,730	

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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THE STATE OF THE S			orders and notification of (a) specifying a new corre					
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21395		1/2009	T Up					
LOUIS WOO		X. D.	" '96' Iho	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the Unite States Postal Service with sufficient postage for first class mail in an envelop addressed to the Mail Stop ISSUE FEE address above, or being facsimil transmitted to the USPTO (571) 273-2885, on the date indicated below.				
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ALEXANDRIA	A, VA 22314	, .NO.	<u>\$</u> /			(Depositor's name		
3			- Carlos	(Signature)				
•		PATEM	& TRAUS	····		(Date		
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR	A	ATTORNEY DOCKET NO. CONFIRMATION			
09/920,728	08/03/2001		Robert James Tribe		0100/0131 5066			
TITLE OF INVENTION	N: SYRINGE PUMPS							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE F	TEE TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	\$1510	\$300	\$0	\$1810	01/04/2010		
EXAMINER		ART UNIT	CLASS-SUBCLASS	]				
DESANTO, MATTHEW F 376			604-500000	•				
1. Change of correspond CFR 1.363).	lence address or indication	n of "Fee Address" (37	2. For printing on the p		Louis	Woo		
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,					
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME A	ND RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or type	oe)		<del></del>		
			data will appear on the pa T a substitute for filing an		is identified below, the do	ocument has been filed for		
(A) NAME OF ASSI	GNEE		(B) RESIDENCE: (CITY					
SMITHS GRO	OUP PLC		LONDON, ENG	LAND				
Please check the appropr	iate assignee category or	categories (will not be pr	rinted on the patent):	Individual 🛭 Corpe	oration or other private gro-	up entity Government		
4a. The following fee(s)	are submitted:	41	o. Payment of Fee(s): (Plea	se first reapply any i	previously naid issue fee s	hown shove)		
Issue Fee			th. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.					
Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.					
Advance Order - # of Copies 1			The Director is hereby authorized to charge the required fee(e), any deficiency, or credit any overpayment, to Deposit Account Number 50-0501 (enclose an extra copy of this form).					
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a. Applicant claim	s SMALL ENTITY status	s. See 37 CFR 1.27.	☐ b. Applicant is no long	er claiming SMALL	ENTITY status. See 37 CF	R 1.27(g)(2).		
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